

Appendix A

CERTIFICATE OF COMPLIANCE

I hereby certify that the congregation of _____ (the “parish”) has obtained and will maintain sexual misconduct insurance coverage.

I hereby certify that, in connection with such insurance coverage, the Congregation:

- has adopted the Diocese of Pittsburgh Policies concerning Allegations and Incidents of Sexual Misconduct, or
- has adopted equivalent policies and procedures that comply with the conditions of the Congregation’s sexual misconduct insurance coverage (said policies are attached).

I hereby certify that all clergy, volunteers who regularly supervise youth activities, vestry members and employees (full or part-time) affiliated with any activities and programs of the Congregation who are required to complete diocesan approved training have done so.

Priest-in-Charge

Date

Senior Warden

Date

Return this form to: Episcopal Diocese of Pittsburgh, Attention: Office of the Bishop, 535 Smithfield Street, Suite 900, Pittsburgh, PA 15222.